

VERMONT Request for a Child Protection Registry Check: SELF (03/31/17)

Print clearly and sign before an official notary public. Incomplete forms and those submitted by email or fax will not be processed.

Applicant Information				
First Name	Middle Name	Last Name		
Current Street Address		Town/City		
County	State	Zip		
Date of Birth (m/d/y)/ Gender: ☐ Female ☐ Male		SSN (last 4 digits o	SSN (last 4 digits only) XXX-XX	
Please list any other names you have used (e.g., aliases, maiden name). Include the first, middle and last names.				
Any previous addresses in Vermont (include street address, town, and zip code)				
Any previous findings or substantiations by a child protection agency:				
Allegation Approxim	Approximate date of findings Address where you were			
Allegation Approxim	gation Approximate date of findings Address where y		were living at the time	
Official Notary Public Use				
This person	appeared before me on this date		Official Seal/Stamp Below	
in the State or Country of in the county of				
I authorize release of the Child Protection Registry check results to the person listed on the enclosed envelope.				
Applicant's Signature Date Signed				
This person provided satisfactory evidence to be the person named above.			/	
Name & Title of Notary	Signature of Notary		[Commission expires)	
DCF Use Only: Results of the Child Pro	tection Registry Check			
Presence of the DCE seed indicates the record is clear		Your name does a	ppear in the registry.	
		Date of substantiation	Category	
		Date of substantiation	Category	
Signature of Commissioner's Designee		Date	3	